



# State of Idaho Emergency Medical Services Bureau

## Provider Application Form



**Level Applied For:** ☐ First Responder ☐ EMT-Basic ☐ Advanced EMT ☐ Paramedic

**Type:** ☐ **Initial (\$35.00 fee for Advanced EMT and Paramedic)** ☐ **Recertification (\$25.00 fee for Advanced EMT and Paramedic)**

☐ Direct Bill my Agency - Agency Name \_\_\_\_\_

☐ Reinstatement ☐ Reversion ☐ Ambulance Rating (complete back) ☐ Reciprocity

### Applicant Information:

Social Security # \_\_\_\_\_ - - Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License # \_\_\_\_\_ DL State \_\_\_\_\_

Name \_\_\_\_\_ Gender ☐ F ☐ M

Last Name First Name Middle Name/Initial

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

### Affiliation:

Agency Name \_\_\_\_\_ Agency License # \_\_\_\_\_

Agency Chief/Director/President \_\_\_\_\_

**Signature**

**Printed Name**

Additional Licensed EMS Affiliations: \_\_\_\_\_

Check all circumstances in which you will use this certification:

Volunteer

Career

☐ True

☐ Full Time

☐ Compensated

☐ Part Time

Have you ever applied for, been denied or received an EMS certification or licensure in any other state? Yes ☐ No ☐

If yes, complete an *Idaho EMS Certification Verification Request* form for each state you applied for or ever held an EMS certification / licensure.

### Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS certification as established by the State of Idaho.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date signed**

### For Bureau Use Only

Received in RO

Cert. Fee Rcvd Date \_\_\_\_\_

☐ Cash - Receipt # \_\_\_\_\_

☐ Check # \_\_\_\_\_

☐ M.O. # \_\_\_\_\_

☐ DB - Agency \_\_\_\_\_

Process Date \_\_\_\_\_

Received in C&L

### First Responder and Basic

**Test Date**

**Expiration**

10/05-03/06

3/31/2009

04/06-09/06

9/30/3009

10/06-03/07

3/31/2010

04/07-09/07

9/30/2010

10/07-03/08

3/31/2011

04/08-09/08

9/30/2011

10/08-03/09

3/31/2012

04/09-09/09

9/30/2012

10/09-03/10

3/31/2013

04/10-09/10

9/30/2013

10/10-03/11

3/31/2014

### Advanced and Paramedic

**Test Date**

**Expiration**

10/06-03/07

3/31/2009

04/07-09/07

9/30/2009

10/07-03/08

3/31/2010

04/08-09/08

9/30/2010

10/08-03/09

3/31/2011

04/09-09/09

9/30/2011

10/09-03/10

3/31/2012

04/10-09/10

9/30/2012

10/10-03/11

3/31/2013

04/11-09/11

9/30/2013

10/11-03/12

3/31/2014

# IDAHO EMS CERTIFICATION VERIFICATION REQUEST

Have you ever applied for, been denied or received EMS certification or licensure in any other state? Yes ☐ No ☐

If yes, complete this page for each state you applied for or ever held EMS certification / licensure.

NAME: \_\_\_\_\_  
First Last M.I.

ALSO KNOWN AS: \_\_\_\_\_  
Alias, Maiden or Nicknames

MAILING ADDRESS: \_\_\_\_\_  
City State Zip

IDAHO EMS AGENCY OF PRIMARY AFFILIATION: \_\_\_\_\_

## Authorization to release information to the IDAHO EMS BUREAU

I hereby authorize the state of \_\_\_\_\_ EMS regulatory credentialing agency to furnish the information requested on Page 2 of this document.

\_\_\_\_\_  
Certification/License Number

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
EMS Level

**Applicant Signature**

**Date**

### Internal Use

Date Recd \_\_\_\_\_

R/O Date Sent to C/O \_\_\_\_\_

C/O Date Request Sent \_\_\_\_\_

Date Returned \_\_\_\_\_

Date Evaluated \_\_\_\_\_

Applicant Notified \_\_\_\_\_



IDAHO DEPARTMENT OF  
HEALTH & WELFARE



APPLICANT DATE OF BIRTH\_\_\_\_\_ APPLICANT SS#\_\_\_\_\_

## 1. STATUS OF CERTIFICATION/LICENSE

EXPIRATION DATE: \_\_\_\_\_

The Idaho EMS Bureau thanks you for your timely response and participation in completing this form.